

Quick reference guide: Filing a discontinuance webform

Work Comp Campus will be used to electronically file the discontinuance webform. This webform is required in addition to the electronic data interchange (EDI) SX (Suspension), PX (Partial Suspension) or CB (Change in Benefit Type) filing when the reason for discontinuance of benefits is other than the employee's return to work.

- On your Campus dashboard, find the claim on the **My Claims** tab. Click on the Campus File Number (CFN, also the jurisdiction claim number or JCN) to link directly to the claim. You can also click on the filter button to filter by any of the column headers, then click on the CFN/JCN to link directly to the claim.

My Overview

4 Open Claims | 0 Upcoming Events | 0 New Documents

My Queues
My Claims | My Disputes | My Forms | My SCF Assessment Reports

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-02-3883-404	Practice Parish	Third Street Elementary School		3/17/2020	Open
CL-02-3883-438	Ashley Spinelli	Third Street Elementary School		2/1/2019	Open

Include Inactive

My Overview

4 Open Claims | 0 Upcoming Events | 0 New Documents

My Queues
My Claims | My Disputes | My Forms | My SCF Assessment Reports

Filters

Column: Employee | Value: Ashley Spinelli | Apply

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-02-3883-438	Ashley Spinelli	Third Street Elementary School		3/17/2020	Open

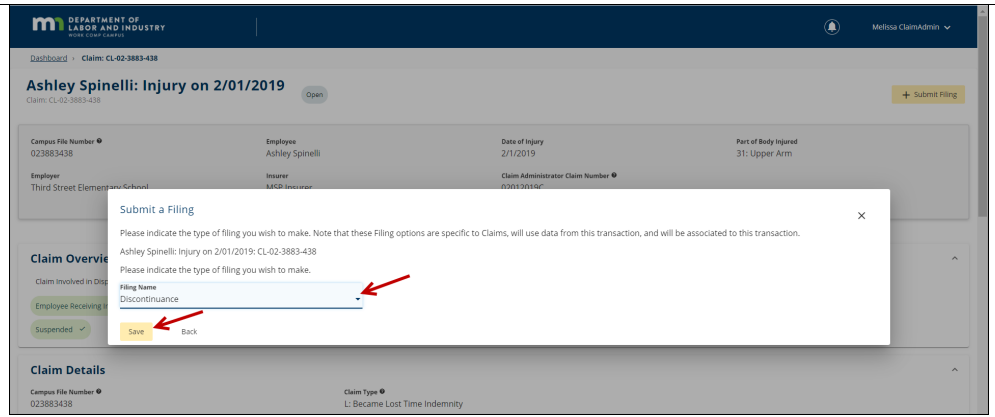
- On the Claim Details Page, click on the **Submit Filing** button.

Ashley Spinelli: Injury on 2/01/2019 | Open

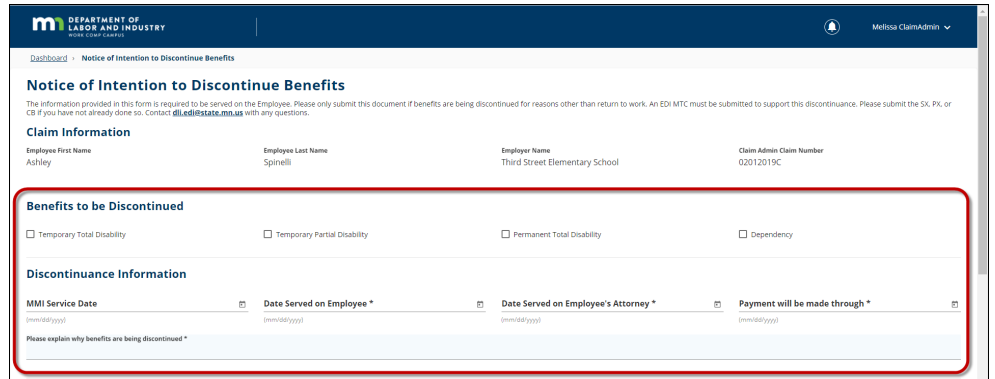
Submit Filing

Campus File Number 023883438	Employee Ashley Spinelli	Date of Injury 2/1/2019	Part of Body Injured 31: Upper Arm
Employer Third Street Elementary School	Insurer MSP Insurer	Claim Administrator Claim Number 02012019C	

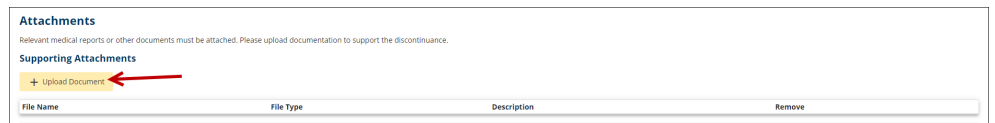
3. When the Submit a Filing box appears, choose **Discontinuance** from the Filing Name drop-down menu and click **Save**.



4. The employee's name, employer's name and Claim Admin Claim Number will populate from the claim. Check the applicable box under **Benefits to be Discontinued**.



5. Under Discontinuance Information fill in the **MMI Service Date**, if applicable. Either the **Date Served on Employee** or the **Date Served on Employee's Attorney** must be filled in, as well as the **Payment will be made through** date. A narrative must be entered with a factual, legal reason for discontinuance. The narrative must be stated in language easily understood by a person of average intelligence and in sufficient detail to inform the employee of the factual basis for the discontinuance.



6. Relevant medical reports or other documents must be attached to the Discontinuance webform. In the

Attachments section, click **Upload Document**.

7. Either drag and drop your PDF document or click to do a search of your computer to find the document. Next, click **Document Type** to select the applicable document type from the drop-down menu. Once selected, the **Description** will automatically populate with the Document Type name, but you can edit the Description to be more specific if needed. Finally, click **Upload**.

Upload Document

Relevant medical reports

Supporting Attachments

+ Upload Document

File Name

Document is required

Document Category

Document Type *

Description

Upload Cancel

Medical Insurer Other Representative N/A None

8. Under **Affidavit of Service** select the party you will serve this notice on by checking the box next to their name. The Discontinuance webform must be served on the employee and, if applicable, on the employee's attorney. You can edit the Service Date to a future date when applicable.

Affidavit of Service Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Ashley Spinelli	Employee	321 321st Street St Paul, MN 55155	US Mail	Choose a date 10/3/2020
<input type="checkbox"/>	Third Street Elementary School	Insured		None	N/A
<input type="checkbox"/>	MSP Insurer	Insurer		None	N/A
<input type="checkbox"/>	Melissa Insurer	Other Representative	N/A	None	N/A
<input type="checkbox"/>		Claim Admin		None	N/A
<input type="checkbox"/>	MSP Trading Partner	Trading Partner		None	N/A

Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

9. Check the box below **Declaration**. Add your first and last name as they appear on your Campus profile and check the box below your name to legally sign the electronic webform.

Declaration

I am under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature

Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Save as Draft Preview Cancel

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS
Work Comp Campus™ 2019

Address
443 Lafayette Road N
St. Paul, MN 55155

Contact
Phone: 651-284-5005, option 3
Toll-free: 800-342-5354, option 3

About Us
Help
Terms and Conditions of Use and Privacy Policy

10. Click **Submit** to submit your Discontinuance webform.

Helpful tips

- After the discontinuance webform is successfully submitted, it will appear on the **My Forms History** tab of your Campus dashboard. Open the form to print and serve on the employee.
- A confirmation email message will be sent to the email address registered to your Campus Profile.
- Buttons at the bottom of the webform allow you to **Save as Draft**, **Preview** or **Cancel**.
- The discontinuance webform is submitted in addition to the appropriate electronic data interchange (EDI) Maintenance Type Code (MTC): SX (Suspension), PX (Partial Suspension) or CB (Change in Benefit Type) when discontinuance of benefits is for reasons other than return to work.
- When discontinuing benefits because the employee has returned to work, only the appropriate EDI MTC is needed.